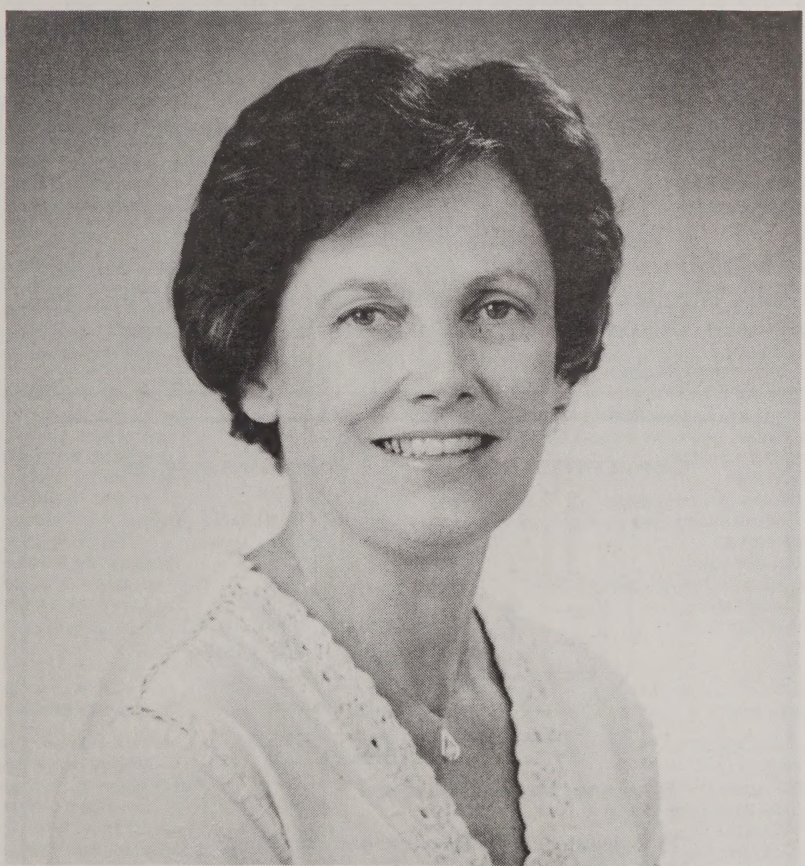
# The Hampden Hippocrat

October 1979



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# DISTRICT MEETING
# of the
# HAMDPEN DISTRICT MEDICAL SOCIETY

**DATE:** Tuesday, November 27, 1979

**PLACE:** RODEWAY INN & CONFERENCE CENTER
i-291 & Mass. Pike, Exit 6
Chicopee, Mass.

**BUSINESS MEETING:** 6:00 P.M.

**SOCIAL HOUR:** 7:00 P.M.

**DINNER:** 7:30 P.M.

**SPEAKER:**
**The Honorable Philip M. Crane**
Congressman, 12th District, Illinois
Republican Candidate, President of United States

Wives are invited to attend this meeting.

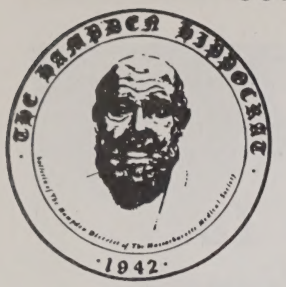
**COST:** For wives -- $9.50 (please remit checks with reservations)

MEMBERS: Courtesy of the H.D.M.S.

If you must cancel your dinner reservations, call the office before noon of November 27th. 1979. IF CANCELLATIONS ARE NOT MADE YOU WILL BE BILLED FOR YOUR DINNER.

Smoking in designated areas only at dinner.

OCTOBER 1979 VOL.XXXV-NO. 8

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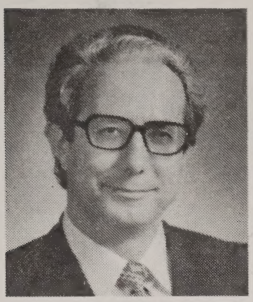

# PRESIDENT'S PAGE

## *A Salute To The Auxilians*

It is, indeed, a difficult and contemperaneously a fancinating task to illustrate the importance of the Auxilians to the Hampden District Medical Society, the work that this group is doing and the great help that they give to our district.

We are surrounded by a group of individuals capable to assemble an impressive array of successes and all without much fanfare or advertising. Not only are they important to complete our caue, but many times they are the ones who can practically achieve positive goals.

I welcome, therefore, this opportunity to give our thanks to the Auxilians of the Hampden District being sure to represent in so doing the majority of my fellow physicians.

I could use big words and start this column by promulgating my esoteric cogitations or articulating my superficial sentimentalities avoiding platitudinous ponderousities but, alas, my knowledge of english is incapable to continue along these tunes. Let me, therefore, give my thanks in a much more basic format which is also so much more spontaneous. Thank you for the ''Welcome Wagon'' organized for the new physicians settling in our area, for the valid help provided in approaching potential new members for our Society, for the volunteer service in the local jails, for the planning of social events, of trips and why not of cocktail parties. Most encomiable, the distribution of substantial scholarshps for student nurses as well as active participation in the Western Massachusetts Health Planning Committee.

I would suggest, in addition, that any reader of this column when visiting the Science Museum in Boston should stroll through the ''Heart Room'' as well as through the ''Adult Smoking Education Section'' reckoning that much of the display and features presented there are work and ideas of some of the Auxiliaries from our District.

Obviously, my pen slipped and the purpose of this article switched from the task of providing thanks to this splendid group of friends into the one of having briefly informed the reader about their work and the reason why I feel motivated to write these lines. □

**FRANCO NAVAZIO, M.D.**
**President**

# *HAMPDEN ACTIVITIES*

I want to thank you for the honor of serving as your President this year and am looking forward to meeting and working with you during the coming months. I hope you have looked through the program in our Membership Book and have found something to interest you.

As you know, the purposes of our Auxiliary are:

1. To assist the Hampden District Medical Society in its programs to improve the quality of life through health education and services.
2. To cultivate friendly realtions and to promote mutual understanding among physicians' families.
3. To inform members of important legislative matters.

Our first meeting in September was held in the Portrait Room of the Springfield Science Museum for the purpose of acquainting our members with the plans for the future Health Hall. With the great emphasis these days on health maintenance, physical fitness, and disease prevention it seems right that we as physicians' wives should give our support to this project. If you visit the "Touch and See Room" and the "Heart Room" at the Science Museum, please realize that this is only the beginning - a start - toward what is hoped will be a real Health Hall in the near future. There is a new concept of museums as "teaching facilities" and this is what a Health Hall is - a place where young people and adults can be taught about their bodies and how they function, with imaginative displays and teaching aids to stimulate their learning. This past spring twenty-two 45 minute presentations were given in the Heart Room to school children and four more presentations were given in August to migrant farm children. In June we presented Mr. Glen Ives of the Science Museum with a check for $800 which was put aside in an account to hold until we decide what we wish to put it toward. Appearing in the June 1979 issue of the QUADRANGLE CALENDAR was an excellent write-up of our program. There are presently 5 volunteers from the Auxiliary doing these presentations and obviously we could use more. If you would like to help your Auxiliary with this health education project, call Kathy Lovell at 567-3089.

For the past 26 years the Auxiliary has raised funds for health career scholarships through the White Cap Ball. Some years we raised as much as $4000 or more. Regretfully, these past several years attendance of members has dwindled and so have our profits, due to increasing costs. Last year, for example, we made $300 on the Ball and $1500 on donations from sponsors and patrons who did not attend. To this we added profit from the bus trip to Quincy Market and the jewelry boutique at the Holiday Tea last December and we were able to award 5 - $500 scholarships for the coming year. The replies to the questionnaire sent to our members last January indicated great support for a

scholarship fund campaign for students in allied health fields. Therefore, in April the Board voted to forego the White Cap Ball this fall and to conduct a scholarship fund-raising campaign instead. Your interest and support over the years has helped many young people and I hope you will respond to our request for support this month when you receive it in the mail.

Martha Giguere, our President-Elect, is chairman of the Welcome Wagon Committee this year. Assisting her are Lois Peck for Wilbraham; Evelyn Anto for Belchertown and Palmer; Mary Gillis, Westifield ; Luciana Navazio, Longmeadow; Betty Lynch, North Amherst, South Hadley, and Holyoke; Alice Cummings, West Springfield; and Mary Hojnoski for Springfield and Chicopee. Please let one of the above committee members know when you hear of a physician who is new to our area.

We are fortunate to have our new Massachusetts State Medical Society Auxiliary President, Jane Condon, residing now in Longmeadow. Her husband Paul, is an Emergency Room Physician at the Baystate Medical Center. Jane and her State committee have planned a Leadership Confluence for Board members on October 30th to which our Auxiliary is invited to send ten. Dr. Mildred Jefferson will speak on ''The Role of the Auxilian in the Community''. The Confluence will attempt to provide members with a clearer concept of the Auxiliary, what it does, and what it can do.

Our Legislative Committee will work this year to keep track of proposed legislation in the health area on the national and state level and will disseminate information to the rest of the members. Polly Miller will represent our District Medical Society at the meetings of the Western Mass. Health Planning Council.

We hope you and your husband will joing us for the Holiday Theater Party, the dinner meeting on February 5th and cocktail party on April 12th.

We are looking forward to a busy and intersting year. □

**JEAN MEDREK**

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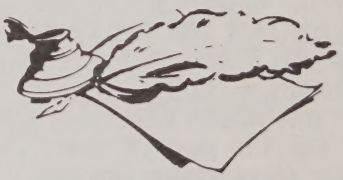
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# *WHY JOIN NOW?*

It is my pleasure not only to bring you greetings from the State Auxiliary but to say hello as one of your newest members.

Just after I moved into the area this spring, your immediate past president, Polly Miller, very graciously invited me to her board luncheon to meet some of your members. It became quite clear to me at that time that most of our members have some very basic questions regarding the functions of the three levels of our Auxiliary - National, State, and District. I would like to try, as briefly as possible, to put the three branches into perspective.

The Auxiliary is a unique organization in that the only thing the 81,000 members have in common is that they are all physicians' spouses. The National level is where the thinking and organizing takes place. This is the control center for Auxiliaries across the country and, as such, it has the capacity to do in-depth and extensive research and planning. It's primary purpose is to prepare materials, promote leadership training, and inform the membership body about issues related to the health and welfare of the community and the medical family.

The digestive center of this Auxiliary body is the ''State''. It is here that information and skills acquired at National are broken down and circulated out to the sensory organs, the ''Districts''. Without the State Auxiliary, the organizational chain suffers a serious gap. The State not only helps National to help the Districts, but it is the center through which the districts feed back to National.

The District is the place where the purposes are enacted, where the projects get done, and where the Auxiliary body transfers its thinking and planning, its digesting and circulating, into energy and action. You, the Auxilary member, are the life blood - the pulse of the system. No one level can exist without the others; like the body, the Auxiliary functions best with all of its parts healthy.

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O.K. - now why do you need to join this organization? Why be a member? 1. YOU will have a voice in one of the most constructively involved health organizations in your community. 2. YOU will have access to information to support the practice of medicine by impacting legislation affecting health care and medical practice. 3. YOU will receive personal benefits through free leadership training and educational seminars. 4. YOU will receive FACETS, written for and about physicians' spouses; publications to keep you up-to-date on the issues; and community program aids through the Project Bank, Package Programs, and expert resource personnel. 5. YOU will have the opportunity to be involved in your community, with your neighbors, extending the work of physicians into the community whre it's needed to help keep people healthy. 6. YOU will be part of a force of 81,000 people whose unified efforts and voice on legislative issues do make a difference.

But, you still don't see what's in it for YOU? Chief among the benefits is the joy of giving worthwhile service to the community in which you live. But, why give that service through the Auxiliary? First, you have a common bond with other members, but foremost the Auxiliary, as part of the family of organized medicine, is a driving force for good health among the people in the United States. If you join this family you will augment the strength necessary to keep medical practice and health care at high levels. The Auxiliary is in partnership with medicine to improve the health and quality of life for all people; promote health education; encourage volunteer participation in activities which meet health needs; and support the practice of medicine by responding to legislative health care issues.

It is the conviction of most auxiliary members that we demonstrate our concerns and make contributions as an identifiable group in our communities. We need your membership because the voice of over 81,000 physicians' spouses, speaking as one, Do Make a Difference. We need to project a positive public image in behalf of the physician at a time when they are being portrayed as a self-serving profession by politicians and many other groups. Think about the organizations to which you belong, or which are active in your community, or even nationally. How many have gone to bat for medicine and health and how many can be counted upon for support in the future. The future will likely present some demanding work and challenges. The responsibility rests with YOU.

The National, State and District Medical societies which represent organized medicine, now need a strong ally to continue their work. If you are already a member, please continue to give your support, and accept the challenges as they arise. Try to share challenges by recruiting new members. If you're not a member, we need you...NOW. □

**JANE T. CONDON**

# CHANGES

It is a pleasure to greet you as we begin another auxiliary year.

I recently heard a physician talk about a new building that was being put up in his community. When it was completed, grass was planted, but no sidewalks were laid. The builders had observed that people do not always walk on pre-arranged sidewalks, but tend to make their own path. After a year had gone by and paths had been made, the sidewalks were put down where the people had walked.

As I listened to that story, I thought about the AMA Auxiliary. I wondered if perhaps our sidewalks are too well arranged to permit new ways of moving. I wondered if we need to rearrange our sidewalks and rethink some of the ways we do things. Because I believe if we are to remain a strong organization, we must have a willingness to change.

And I would ask you to move with me in this changing time--with purpose, courage, and optimism -- so we will make new paths which will become permanent walkways for those who follow.

We have seen many changes in the past few years. One that is meaningful is the increased utilization of our members and services by our medical societies. Seven auxiliary members serve on your own Massachusetts Medical Society councils, and many other auxiliary members are serving in this way in other states. Perhaps the medical societies did not know how to use us until we told them. And now that they know, they are asking for our help in many areas.

We need to keep in mind that the medical societies are made up of our spouses. He can talk to them and we must if we are truly to become their partners. And we must make sure that all of the spouses of medical Society members are also auxiliary members.

Another change that has occurred is in recruiting members. Some people agree with Erma Bombeck who wrote recently that "perhaps volunteers are a luxury in a world that has become very practical." We don't believe that, and we must have the courage to say why and to point out that because we belong to the AMA Auxiliary it does not mean that we have no lives of our own or that we are merely extensions of our spouses. We must tell prospective members that the AMA Auxiliary provides us with unique opportunities for service, and that it is a worthwhile, enriching career to choose.

We must not tune out the young people -- young physicians' spouses -- and foreign medical graduates' spouses just because they may walk to a different drum. We must change and accommodate different lifestyles. We do not all want to do the same thing, nor should we.

Think of the 40,000 women in medicine, most of whom are married. Our potential is in their spouses -- attorneys, businessmen, educators--- all capable people. We have a tremendous potential for increasing our effectiveness by interesting these spouses to join us. They will offer new thinking, new abilities, new talent.

The auxiliary can be a link to medicine for those who are widows, and we must make every effort to contact these members and get them back to work. There are things for them to do that only they can do.

There is a group of people called the vision-smashers. We've all met them. These are people who resist change. They are the ones who tell us that things simply cannot be done, that it won't work. Then if it doesn't work, they say, "I told you so," or "I didn't vote for it."

But our potential is unlimited if we have the courage and optimism to change. And we must not let the vision-smashers deter us from our goals.

The AMA Auxiliary is involved in many vital programs. We must continue our efforts to raise funds for AMA-ERF. We must continue to let our voices be heard on legislative issues pertaining to health. We must all support the new health projects campaign "Shape Up for Life" which will help people keep physically fit and in good health -- which is, after all, our reason for being. WE must continue our work for immunization awareness so that each newborn child is properly protected.

There is so much for us to do, but we must work together to accomplish it. Purpose, optimism, and confidence as we approach the '80s -- these are the things we need. I hope that all of you will work with me this year to move the AMA Auxiliary forward to greater heights of service, aware of changing times and willing to change with them to accomplish our goals. □

**MRS. BEN JOHNSON, JR.**
**AMA AUXILIARY PRESIDENT**

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# *THE VOLUNTEER: A Doctor's Wife*

Volunteering--what better way to enrich your life, and at the same time become involved in the Community in which your husband spends, and gives so much of his time! There are so many volunteer areas open today. The opportunities are endless, and as a doctor's wife, you are an on-going, perhaps untapped multi-talented resource.

Personally, when our children were small and my husband's hours long, I noticed very soon that all our neighbors lived a very structured life; mealtimes were predictable, weekends and holidays were defined, and the only real scheduled likeness was the school hours of our children. I soon realized that life is not the same for a doctor's wife and family--our life style is quite different; a real challenge with some definite advantages.

Let's face it, each of us is an individual resolving a given situation differently. My own background as a nurse, I'm sure, helped me to understand my husband's position more thoroughly--the constant pressures, and demands made upon him. Some of us do actually resent the demands of the public, and the intrusion on our privacy. Don't turn your head and expect it to go away! Who has appendicitis at noon time? What child develops croup at 10 o'clock in the morning?...etc, etc.

Therefore, knowing my own need to be with people, I chose to volunteer my free hours. Looking back, it was a time of growth for me through my children--P.T.A., Cub and Girl Scouts, Community Center; and later, school and church activities, Museum centers, and then my favorite--hospital volunteering.

Many times, I became involved in projects the whole family was into--and those were the most fun! Believe me, Volunteerism is a two-way street--a rewarding experience to you, and a helping hand in the area you choose to serve. As a doctor's wife, you have an easier access to the area you wish. The Community looks to physicians' wives for leadership and expertise in the health field especially. You are an Ambassador of Good Will for the Medical Society, meeting a good cross section of the Community, and making lasting friendships. You can reactivate skills, acquire new ones, and stay in the mainstream of the outside world.

Little did I realize how valuable my 22 years of volunteering would be when I accepted a position in the business world. Having been a hospital volunteer for many years, assuming the position as Director of Volunteers at Baystate Medical Center made me realize and appreciate a volunteer to the fullest.

My experiences in past years of dealing with people and meeting all kinds of personalities--taking the best each had to offer, and putting that skill to good use--has enhanced the position I am so happy in today.

So, be proud of your husband and your role in his life! Get involved in the Community--you will be a better person, and a more interesting partner. It has been said that it is not the length of time you spend in this world that counts, but rather the deeds you have done, and the love and unselfish acts you have performed to help one not so fortunate.

Whether you volunteer, or work and volunteer, you will be rewarded --just get out and do it! Pursue that which interests you. Remember, the foundation of our Country was build on this very aspect--VOLUNTEERISM.. Let us not be the ones to see it slowly disappearing. □

**MRS. JOANN CARUSO**

# *A.M.A. - ERF*

Medical-student loans guaranteed by the AMA Education and Research Foundation are important in themselves--and also for a reason that goes beyond money.

This reason is that they demonstrate--in clear, bottom-line terms--that our AMA federation is interested in nurturing tomorrow's physicians.

Since the program's inception in 1962, some 75,000 loans totaling over $90 million have been guaranteed.

Lately, however, the program's resources have been severely pinched. The demand for loans has been mounting--to a great extent because federal and other sources of financial assistance for medical education have been drying up while the educational expenses continue to escalate.

Last year more than 4,000 students and physicians-in-training borrowed through the ERF program. This year there can be no more than 2,000.

It would be a sad day indeed if the program were to languish for lack of sufficient resources to meet the loan demand. In the words of AMA Executive Vice President James H. Sammons, M.D.:

> "The program of aid dramatically affirms medicine's confidence in, and unselfish support for, the future of health care in America. The physician contributors and their spouses of the Auxiliary, whose dedicated efforts and generous gifts over the years have provided the resources and energy that make the program live, merit special recognition."

Just a little extra effort from medical families and from all of the state and county societies would do much to proclaim that confidence in health care's future.

Let's all make that little extra effort. □

# Contemporary Voluntarism

The quality of humanitarian dedication which we find so attractive in our physician spouses motivates us to volunteer our time, resources and talents to worthwhile causes. Usually, voluntarism is not an abrupt cognitive decision; it is a way of life that gradually evolves and takes a lasting form as we become established in our communities. The delivery of services to health, education, welfare, artistic and church activities by professionals has long been supplemented by the work of concerned and competent volunteers and auxilians.

Homemakers are the backbone of the volunteer corps, saving organizations impressive amounts of money. According to ACTION, an agency of the federal government, 37 million volunteers nationally donate an estimated $34 billion worth of time each year.

Volunteers have traditionally seen a need for services and found a way to fill the gap. Many programs, originally volunteer projects, have been converted to professions as society recognized the merit of these tasks. Such conversions have occurred to form the professions of nursing and social work and teaching.

Voluntarism provides a useful avenue which allows volunteers to build self-confidence and to expand skills while enjoying a practical experience. Happiness and self-assurance are the voluntarist's rewards. Voluntaristic projects reinforce one's personality and identity in a complex society. Participating in specific programs shows other people the strength and direction of one's individual beliefs.

Voluntaristic work expands the individual by allowing one to participate in a variety of work situations without forcing a commitment to a specific area. While many volunteers remain in a stable project, entrusted to the same program for a long period of time, this type of donating one's services has changed in recent years. Many continue to volunteer, but they change the situations and type of service provided more frequently than before. The experience consists not only of giving of one's self, but of receiving a worthwhile emotional and intellectual return.

Frequently, other people attempt voluntarism as a predecessor to employment. For the individual interested in shifting careers, voluntarism provides valuable experience which facilitates the career change. This group currently fills many volunteer opportunities. Employment seeking volunteers are very welcome, for although their period of voluntarism is often brief, they are dedicated, talented and industrious contributors. This voluntaristic period bridges careers, allowing one to "test the water without jumping in". Many people want to try a new experience, but need a chance to experiment with their busy domestic and community service schedules. Such trials allow one to determine if the change in life-style is desirable and manageable.

Erma Bombeck in her article "So Long, Volunteers" states, "I had a dream the other night that every volunteer in this land had set sail for another country...I fought in my sleep to regain a glimpse of the ship of volunteers just one more time. It was to be my last glimpse of a decent civilization." □

**HELEN K. GALLIVAN**

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# Commitment and Common Sense

Medical care is fast becoming enmeshed in a growing network of regulatory, bureaucratic, and political exigencies. Psychiatric treatment has been particularly susceptible to such influences. Changing priorities of state governments in providing mental health services and a recent flurry of mental health legislation regarding involuntary commitment have combined to pose some formidable barriers to treatment of patients with the most severe psychiatric illnesses, the psychoses.

Well-intentioned efforts to correct an antiquated system of repressive and inadequate treatment of patients in state hospitals have led to new (perhaps old) forms of abuse under the rubric of protecting civil liberties. In nearly every state, involuntary treatment requires evidence that the patient is currently or imminently "dangerous," i.e. likely to harm someone now or in the immediate future. The patient's diagnosis, prognosis, and mental status are of minor importance in determining whether treatment should be imposed. Consequently, patients who are psychotic and treatable, but not cooperative, must be released unless demonstrably dangerous.

This policy, backed by legal mandates and guarded by patient advocacy, raises several questions about society's current views regarding mental patients and psychiatric treatment. Who is the proper advocate for the psychotic patient? Who will assume responsibility for psychotic patients who refuse treatment? Can non-dangerous but psychotic patients be expected to decide for themselves whether treatment is indicated? Should guardians be appointed by the courts to assure that recalcitrant, but legally competent patients, receive the care they need but don't want? Who will decide when the patient reaches the critical threshold of "dangerousness" and bring him for treatment?

Most Psychiatrists and other mental halth professionals have experienced the frustration of having to stand by while noncompliant patients re-enter the community without adequate treatment. The frustration is felt all the more acutely in an era when pharmacologic advances offer the hope of specific and dramatic treatment responses. Some professionals have retreated and play "according to the rules" waiting for the inevitable public outcry of abandonment and callousness toward the mentally ill. Others construct cases to document "dangerousness" with the rationalization that the concept is ill-defined, subjective and imprecise so that all psychotic patients are to be considered dangerous.

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Either course of action represents an unsatisfactory solution to this dilemma of contemporary psychiatric practice. The former course relinquishes the primacy of traditional medical responsibility to provide the best care available, and the latter course circumvents the clear intent of the law and increases the likelihood of professional opinions being reversed by other evaluators with different conceptions of "dangerousness." Such manipulations can only lead to criticism of the psychiatric profession as ineffectual, divided, or both, and foster intraprofessional conflict.

The solution must come from a realignment of our thinking about severe psychiatric illness. "Dangerousness," a vague concept with demonstrably poor predictability, is the wrong standard. Involuntary treatment or hospital commitment should be considered and implemented whenever a patient is unable to cooperate, has evidence of disabling psychosis, and has a reasonable likelihood of a therapeutic response using currently-available and generally-accepted treatments. Psychosis must be clearly defined and universally recognized as a severe symptom of illness, not as an alternate and acceptable way of thinking about the world.

When a patient is properly diagnosed, when his mental status indicates psychotic thinking, and when the condition is treatable, therapy should be provided in the most expedient and least restrictive manner consistent with overcoming the patient's resistance. Patient advocacy and the legal system should facilitate, not impede, that process. We need laws regarding treatment and civil commitment which balance the individual's right to physical freedom with his right to freedom from the disabling symptoms of his illness.

We are concerned with freedom, and rightly so. But which of our citizens are less free than patients enveloped in delusions, driven by hallucinations or misled by distorted perceptions of reality? The wisdom of de-institutionalization must be tempered by the common sense of social responsibility. And common sense tells us that the suffering of the psychotic should be relieved, that the patient implicitly desires that relief, that his illness distorts his judgment regarding his own welfare and that qualified professionals have the right, indeed the duty, to intervene. The overriding right is that of treatment. Treatment offers psychotic patients their best hope of regaining the only freedom worth attaining, freedom from the fearful and insistent demands of the mind's most primitive constraints. □

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# *HEALTH PROMOTION PROFILE*

**This article is from "Health Promotion Sampler" of May, 1979 and reports the interesting and instructive work accomplished by our own Auxiliary Member Kathy Lovell.**

Kathy Lovell believes that respect for your heart, learned young, can lead to better life-long health. Thanks to this energetic cardiologist's wife, seven to nine year old school children are getting a "hands-on" education about hearts and health. She initiated a community effort to build a teaching exhibit at the Springfield Science Museum, and she heads the team of volunteers who guide school groups through the learning activities.

Walking through a giant heart is one of those experiences. Armed with red and blue cushions, the children march along floor-marked "arteries" and "veins" exchanging oxygen-carrying and waste-carrying "blood cells". Stethoscope listening before and after exercise lets them hear the heart at rest and at work. Pumping "nerf" balls 70 to 80 times a minute convinces them that the heart is, indeed, the hardest working of their muscles.

Extra work for the heart caused by atherosclerosis is experienced by pushing their hands through open, then fabric filled tubes. A cartoon slide tape show explains the risk factors in hypertension, the importance of cardiovascular fitness, diet and future health habits.

"Eventually", says the Museum's Assistant Curator for Education, Jackie Green, "we hope to have a health hall and more health-oriented programs. Right now, we're trying out exhibit-related programs, building a "Wonderful You" series as part of our master plan." It's volunteers like Kathy Lovell that will make the museum's five year plan happen.

This is the second health exhibit assembled by Kathy Lovell and the Health Education Committee of the Hampden District Medical Society Auxiliary, which she chairs. The first was the touch and feel, self-guided "Five Senses", designed for the pre-school and kindergarten ages in the Children's Hall.

For "The Heart", the committee had help and advice from the American Heart Association, Western Massachusetts Division, the YMCA "Feeling Good" program, the Springfield Public Schools Health Educator, and a children's cardiologist. "It was a real learning experience for the Committee" Kathy Lovell reports. The result is a valuable learning experience for Springfield area children. □

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# *HOME CARE*

Elderly people who are alone, functionally disabled, very old isolated and on low income should receive the highest priority of the human service delivery system. The objective is to maintain their independence, which they alone can no longer assure even with family help unless they get assistance. They want to continue to live their lives in their homes and neighborhoods. The Home Care Corporation of Springfield is one key to assuring a decent life for them.

Home Care Corporation of Springfield, Inc., Area Agency on Aging is a non-profit agency that plans coordinates and contracts services for senior citizens (over 60). The main purpose of home Care Corporation is to help the elderly maintain their independence by enabling them to live comfortable and healthful lives within their own homes.

Communities served by Home Care Corporation of Springfield, Inc. are: Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield, and Wilbraham.

Most Home Care Corporation services are free to everyone over 60; some services have a nominal fee set on a sliding scale according to income. This is determined at the initial intake visit.

The following services are provided: case management, information and referral, homemaker service, homemaker/health aide nursing assessment, chore service, transportation, health screening clinics, nutrition program, legal service, mental health service, adult day care. Supplemental services include companion service, laundry service, school volunteers, Hispanic elder affairs.

The primary funding sources for the Home Care Corporation program are Title III of the Older Americans Act, Title XX of the Social Security Act, and the Commonwealth of Massachusetts. City and town governments and community organizations also provide funds and inkind contributions to match Title IIIappropriations.

A study was conducted recently to define general characteristics and trends among the client populations of Home Care Corporation. One interesting statistic was that of the clients whose intake forms stated the source of the referral, 64% were referred by family and neighbors, 17% were transfer cases from the Visiting Nurse Association and 15% were referred by hospitals. Physicians referred less than 5% of the clients.

The services offered by Home Care Corporation of Springfield are designed to allow frail and partially disabled elderly persons to lead independent lives in their homes and communities, and avoid premature institutionalization. Physicians are urged to consider Home Care Services when evolving treatment plans for elderly patients. □

**CAROLYN OUELLETTE**
**Assistant to the Director**

# *The Springfield Academy of Medicine*

**The Academy program sessions for the remainder of the season are:**

**November 13, 1979**

WALTER LEE FANNING, M.D.
Chairman, Infectious Diseases
Berkshire Medical Center
"CURRENT MODES OF PARENTERAL ANTIBIOTIC THERAPY"

**January 8, 1980**

AUBREY MILUNSKY, M.D.
Director, Genetics Clinic
Eunice Kennedy Shriver Center
"RELATIONSHIP OF GENETICS TO CANCER & HEREDITY"

**February 12, 1980**

JOSEPH H. TIECUCH, M.D., D.M.D.
Asst. Prof. Oral Maxofacial Surgery
University of Connecticut Medical School
"CURRENT CONCEPTS IN MANAGEMENT OF DENTAL AND FACIAL DEFORMITIES"

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**March 11, 1980**

DAVID J. NOCHIMSON, M.D.
Assoc. Prof. Obstetrics & Gynecology
Dir. Maternal-Fetal Medicine
University of Connecticut Medical School
"LATEST CONCEPTS IN OBSTETRICS DURING 1980's"

**April 8, 1980**

Program in orthopedics; speaker to be announced....

**May 13, 1980**

BENJAMIN BARNES, M.D.
Secretary-Director, Interhospital Organ Bank
"KIDNEY PROCUREMENT FOR TRANSPLANTATION: Medical and legal issues"

MERIT OF DEVOTION.....

Dr. Adolph Franz of Holyoke, a dues paying member of the Academy for 48 years, was promoted to Honorary Membership at the September meeting of the Board of Directors. Our very best to Dr. Franz upon his retirement...Others promoted to Honorary status were Drs: Arthur Gold and John Bandeian after 32 yrs. of service, Dr. Irving Steinberg 26 yrs, and Dr. Harry Gurland, who is ill, 22 years.

A TOTAL OF 164 YEARS OF DEVOTION AND SERVICE TO THE ACADEMY OF MEDICINE.

The Springfield Academy of Medicine recognizes the following for their support of library and lecture support this past year.

American Heart Association, Western Mass. Division
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# *In Memoriam*

**JOHN C. COLLINS, JR., M.D.**

Dr. John C. Collins, Jr., Pediatrician of Westfield, died on August 25, 1979 in Detroit, Michigan while attending a convention.

Dr. Collins was born in Highland, Michigan and graduated from the University of Connecticut and from the University of Vermont Medical School.

He was on the staff of Noble Hospital and was President of the staff in 1970. He was an active member of the Connecticut Valley Corvair Club.

Dr. Collins was a member of the Massachusetts Medical Society and the Hampden District Medical Society.

Deepest sympathy is extended to his family, colleagues, patients and many friends. □

# *AUXILIARY NEWS*

## SCHOLARSHIP AWARDS

This year the Auxiliary to the Hampden District Medical Society has increased the number of Scholarships given to local students who are pursuing careers in medically related fields. The $2,500. in scholarships were awarded to five area residents on the basis of need, character, scholarship and aptitude.

THESE RECIPIENTS WILL EACH RECEIVE A $500. SCHOLARSHIP

1. Patricia Creighton, 31 Melwood Avenue, East Longmeadow, is a student at the Simmons College School of Nursing in Boston.

2. Linda Marie Carroll, 18 Bayne Street, East Longmeadow, attends Ithaca College School of Physical Therapy.

3. Cynthia Major, 84 Fedak Drive, Chicopee, is in the Diploma Program at St. Vincent's Hospital School of Nursing.

4. Diane Rouillard, 39 Montmorenci Street, Springfield, is a nursing student at Baystate Medical Center.

5. Mary Steblin, 12 End Street, Springfield, is a nursing student at St. Joseph's College, West Hartford, Conn. □

The Publications Committee of the Hampden Hippocrat met recently and approved printing the activities of the Hampden District Association of Medical Assistants. Please encourage your "Gal Friday" to join and aid this worthwhile organization.

The officers are listed below with phone numbers for joining.

MEETINGS:

**DATE:** October 16, 1979

**SPEAKER:** Mrs. Margaret Coughlan - Alcoholism

**PLACE:** 80 Congress Street
Medical Pavilion

**TIME:** 7:30 P.M.

**DATE:** November 7, 1979

**SPEAKER:** Ellen Nepomuceno, R.N.
Cancer Cooperative

**PLACE:** Flaming Pit - Route 202, South Hadley

**TIME:** 7:30 P.M.

**All Are Welcome**

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# Observations

In life we have so many roads,
Through them we go all night and day
With all our tasks, with all our loads
At times we may be led astray.

We often take the road we like
With stubborn means, against our fate.
We find ourselves then on a pike
That to come back will be too late.

**JOHN J. ALIFANO, SR., M.D.**

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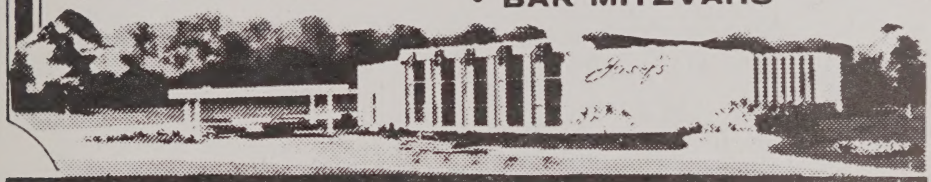

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